

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			
	TIN JK	12 835	5/25 66 24 G1 10/23/01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 - ..... Restricted O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

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Claim	Date
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 R-50-5C58  
 10/22/01

 If more than 150 claims or 10 actions  
 staple additional sheet here

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Form  
(Rev)